

Date Accepted As Complete 07-01-2002

State of Washington

JUN 2 8 2002 Fee Paid /0

Application for a Water Right

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Section 2. Same a			- PER			L ABOUT		PPLIC	CATIO	N
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ailing Addres	SS					W	ork Tel:()		
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elationship to	applicant					***************************************				
Section 3.	STAT	DMIEN	NT OF	INTI	ENT					
he applicant r	equests a	permit to	o use no	t more t	han	/3		(gall	ons per r	minute or r the purpose(s)
<i>ufficient.</i> stimate a max	cimum anr	mal dua	ntity to 1	he used i	in agra fact r	or Marr	7			
Check if	the water	- 7			_					ater will be neede
Check if		use is p	roposed	for a she	ort-term proj	ect. Indicate				
	From _	use is p	roposed	for a sho	_	ect. Indicate				
Section 4.	From	use is pr	roposed	for a sho	ort-term proj	ect. Indicate		of time the		
Section 4. If SURFACE Name the wate on the control of the contro	From WATI E WATE er source	use is property of the control of th	roposed /t URCI	for a sho to E tream, sp	ort-term proj	iect. Indicate	the period of	of time the	nat the wa	ater will be neede
Section 4. If SURFACE Name the wate etc. If unname stream," etc.:	From WATI E WATE er source led, write '	use is property of the control of th	roposed /t URCI	for a sho to E tream, sp	ort-term proj	iect. Indicate	the period of	of time the	nat the wa	ater will be neede
Section 4. If SURFACE Name the wate etc. If unname stream," etc.:	From WATI E WATE er source led, write 'versions:	use is provided in the control of th	URCI	for a sho	ort-term proj	If GROUP A permit is Size & dep	NDWATEI desired for the of well(s)	of time the	wel	ater will be neede
Section 4. If SURFACE Name the wate etc. If unname stream," etc.: Number of div Source flows i	From WATI E WATE er source led, write 'versions:	use is provided in the control of th	URCI	for a sho	ort-term proj	If GROUP A permit is Size & dep	NDWATEI desired for	of time the	wel	ater will be neede
Section 4. If SURFACE Name the wate etc. If unname stream," etc.: Number of div Source flows i	From WATI E WATE er source led, write ' versions: into (name)	use is provided in the control of th	URCI	for a sho	pring, lake,	If GROUP A permit is Size & dep	NDWATEI desired for the of well(s)	of time the	wel	ater will be neede
Section 4. If SURFACE Name the wate etc. If unname stream," etc.: Number of div Source flows i	From	use is provided in the control of th	URCI	for a sho	pring, lake,	If GROUP A permit is Size & dep	NDWATEI desired for the of well(s)	of time the	wel	ater will be neede
Section 4. If SURFACE Name the wate etc. If unname stream," etc.: Number of div Source flows in CY 040-1-14 ev. 7/97 * * f	From WATI E WATE er source led, write ' versions: into (name)	use is produced in the control of th	cate if sid spring	for a shoto tream, sp.," "unna er):	pring, lake, amed APPLICAT 1	If GROUP A permit is Size & dep	the period of th	ion or v	well withdraw	ater will be neede
Section 4. If SURFACE Name the wate etc. If unname stream," etc.: Number of div Source flows in CY 040-1-14 ev. 7/97 ** f	From WATI E WATE er source led, write ' versions: into (name)	use is produced in the control of th	cate if sid spring	for a shoto tream, sp.," "unna er):	pring, lake, amed APPLICAT -1 ces in feet f	If GROUP A permit is Size & dep 6	the period of th	ion or v	well well well yithdraw sector on of sour	ater will be needed. I(s). DECP S(s)/ Val to the nearest only 35 × 36 True is platted, completed only to the below:
Section 4. If SURFACE Name the wate etc. If unname stream," etc.: Number of div Source flows i CY 040-1-14 ev. 7/97 ** f LOCATION Enter the no section corn	From WATI E WATE er source led, write ' versions: into (name) orth-souther: \(\nu\)e	use is produced in the second	cate if sid spring	for a shoto tream, sp.," "unna er): t distant	pring, lake, amed APPLICAT -1- ces in feet f	If GROUP A permit is Size & dep CION From the point (A) (A) (B) (C) (C)	the period of th	ion or v	well well well well well well well well	ater will be needed. I(s). DEEP S(s) Val to the nearest to the search of the searc

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ection					the point of divers			
¼ of	¹¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
		1955			200	Lot	Block	Subdivision
SW	SE	35	35N	SIE	OKANOGAN	3		otto GRAEP
	Not Exempt	FERC License	#		Date VINE 28, 20 Dept. Of Health #			48 AI
Bi V	slot hp	your propos	sed water sys hru 1 ⁷⁴ " Single f	USED. WA	ructions.) A 125 ft. 0 EEF 10 EWCE. Some incr VEGETATIO top 13 Store	wer wat ov. t	e to t ER WILL FOU AN 86	+ PRESSURE BE DIVERTED ILLS 10 GPM GALLON
9	RESSURE -							
Do Pi	o you already ROVIDE DOO	have any wa CUMENTAT ESTIC / 1	PUBLIC	Angres and the second part of th	ed with this property UPPLY SYSTE	-		□ YES ☑ NO
Do Pl	o you already ROVIDE DOO 1 6. DOM leted for al umber of "con	have any was CUMENTATESTIC / It domestions rections area of any why you are to	PUBLIC c/public s quested: n approved wanable to con	WATER S upply uses. Type ovater system?	UPPLY SYSTE	M IN	FORM	YES NOTION ATION ATION It, Recreational, etc.)
Do Pl	o you already ROVIDE DOO 1 6. DOM leted for al umber of "con re you within to yes, explain wounty Health in	have any wand cumental domestical	PUBLIC c/public sequested: n approved wanable to con	WATER S upply uses. Type of the system? Type of the system?	UPPLY SYSTE	M IN E - S Homes, water sy	FORM FORM Apartment	TYES NOTATION ATION ATION It, Recreational, etc.) TYES NOTATION

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D.	If yes, when was it approved? Please atta	ach the current approved version of your plan.
	Section 7. IRRIGATION/AGRICULTURAL/FAI (Complete for all irrigation and agriculture uses.)	RM INFORMATION
A.	Total number of acres to be irrigated: LESS +han 2	
B.	B. List total number of acres for other specified agricultural uses	3:
	Use Acres	
	Use Acres	
	Use Acres Use Acres Use Acres	
C.		
D.	Pamily Farm Act (Initiative Measure Number 59, November Add up the acreage in which you have a controlling interest, in the Acreage irrigated under water rights acquired after the Acreage proposed to be irrigated under this applicate that Acreage proposed to be irrigated under other pendicate. 1. Is the combined acreage greater than 6000 acres?	ncluding only: December 8, 1977; tion;
E.	Do you have a controlling interest in a Family Farm	
	Section 8. WATER STORAGE	
Will :	Vill you be using a dam, dike, or other structure to retain or store wa	ter? □ YES □ NO
some	NOTE: If you will be storing 10 acre-feet or more of water and/or if the woome portion of the storage will be above grade, you must also apply for a pplication from the Department of Ecology.	
Sec	Section 9. DRIVING DIRECTIONS	
f	Provide detailed driving instructions to the project site. FROM the 4-WAY stop in WINTERDD D T- INTERSECTION, TURN REGET ONTO BE STREET Which turns into E CHEMUS LIMITS, ABOUT Y4 MILE PAST TOFF ON THE PIGHT STEWED AS STUDHOR FOLLOW TOFE ROAD UP THE HILL ABO ON THE LECT WIFE A STEW IN	city limits SIGN IS A DIRT ROAD ESE MAN ROAD. TURN RIGHT AFRE UT YOUNGE to the RESIDENCE

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Section 10. REQUIRED MAP

Attach a map of the project. (See instructions.) A.

Section 11. PROPERTY OWNERSHIP Does the applicant own the land on which the water will be used? A. If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s): Does the applicant own the land on which the water source is located? B If no, submit a copy of agreement: I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me. Date $\frac{06/01/02}{06/01/02}$ Applicant (or authorized representative)

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Landowner for place of use (if same as applicant, write "same")

umber before answer.		
We are returning your application for the following	reason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN
		TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)	is/are	APPLICANT PLEASE RETURN
ncomplete		TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested		oplication by
	(date).	
cology staff	Date	e
cology is an Equal Opportunity and Affirmative Act	tion employer	

Use this page to continue your a wers to any questions on the application. Please indicate section

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

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